

New Liquor License Packet

The first time you arrive at the Clerk's Office you will be given this packet. Included in this packet are:

- Application
- Business Plan Questionnaire
- Directions for Scheduling Inspections
- Good Neighbor Meeting Directions
- What's Next?

In order for your application to be accepted you **MUST** provide:

- Completed Application (including this packet)
- Conditional Surrender of License (if taking over a current license)
- Auxiliary Questionnaire Form (1 per each officer of the business and agent listed on the application)
- Schedule of Appointment of Agent
- Business Plan Questionnaire
- Proof of FEIN
- Proof of WI Sellers Permit

Before your license will be issued the following **MUST** be completed:

- Proof of Responsible Beverage Course
- Attend a Public Safety and Licensing Committee Meeting
- Attend a Good Neighbor Meeting
- Common Council Approval (it is not mandatory to attend this meeting)
- All department sign offs must be complete
 - It is your responsibility to call the people/departments listed below to setup appointments to have your premise inspected.
 - Environmental Health Department - located at City Hall in Room 1 (262) 636-9203
 - Building Department – located at City Hall in Room 304 (262)636-9464
 - Fire Department – located in the City Public Safety Building (262) 635-7915

Business Name: Duo Bar & Grill LLC

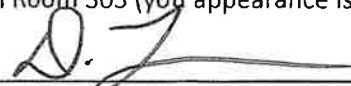
Business Address: 1102 Mound Ave, Racine WI 53404

DBA Name: _____

District: 8 Your Business Alder: Marcus T. West Alder Phone: 262-930-2200

Public Safety and Licensing Date: _____ at 5:30PM in Room 307 (your appearance is mandatory)

Good Neighbor Meeting: _____ at _____ in Room 303 (you appearance is mandatory)

Printed Name: David Lewis Signature: 

BUSINESS PLAN QUESTIONNAIRE

Business Owner/ Ownership Entity DUO BAR & GRILL LLC

Trade Name _____

Business Address 1102 Mound Ave, Racine WI 53404

Website _____

Business Email Address _____

Agent Name David Lewis

Agent Home Address 440 E Trellis Ln Oakcreek, WI 53154

Agent Emergency Contact Number 414-982-8051

Agent Email Address lewisdav2002@gmail.com

Who intends to be mainly in charge of daily operations? DARIUS NUNN

Is your business currently open? Yes No

If no, please complete the following Statement of Intent:

I understand that the granting of this license would be conditional on my being able to operate within 6 months of common council approval. I intend to operate under the license within six months of common council approval. If I am not able to operate within 6 months, I may request a one-time extension of up to 3 months. If I am still not actively operating under the license within 9 months of common council approval, my license will be considered denied and I will have to re-apply for a new license. DL Initials.

What is you estimated gross monthly revenue for each of the following categories:

5,000 Alcoholic beverages

5,000 Food

_____ Other (please specify)

How many people do you intend to employ full time? 2

How many people do you intend to employ part time? 5

What is the square footage of the premise to be licensed? 1200

What is your best estimation of the value of the business? \$60,000.00

Please describe the current parking situation.

OFF street PARKING ON MOUND AND Liberty

Please describe how you intend to handle crowds, during both regular business hours and at bar close.

Intend to have both security and police to escort crowds off premises. Intend to close early on popular NIGHTS TO ensure crowds disperse.

Describe the business that you are buying/opening.

Sports bar & grill, that offers good music and specialty drinks. Grill will offer an extended bar menu that includes specials throughout the week that offers breakfast and lunch. Venue will also host private events such as painting and sip and private birthday parties.

How will your establishment affect the quality of life for the citizens of Racine?

It will improve quality of life as it will offer great food and entertainment options to the city of Racine. All items will be competitively priced to allow citizens to save money.

Does the location that you are applying for already have an alcohol license? NO

If yes, what type of alcohol license? _____

Are you or the corporation buying the building or leasing it? Buying Leasing

Will you be doing any remodeling; and if so, what are your plans?

Plans to extend plans to upper level in the future.

What type of experience do you have that would prepare you for this type of business?

4 years of bar and grill experience from casino
3 years of experience with party promotions and planning
3 years of owning a food prep business

What will your hours of operation be?

- Monday closed
- Tuesday 6pm - 12am
- Wednesday 6pm - 12am
- Thursday 6pm - 12am
- Friday 6pm - 130am
- Saturday 6pm - 130am
- Sunday 6pm - 12am

Will you be offering food? If so, what type of menu will you have? Do you have a kitchen? (Please attach a copy of your menu if available)

Wings, fries, onion rings, Burgers, polish, hot links, salads
wraps, egg rolls, nachos, cheese curds

How many customers do you expect on your busiest days? 50-75 people

How do you intend to handle litter and garbage?

Per staff will be required to walk down main and liberty after close each evening.

How will noise at the premise be addressed?

High end sound system that suppresses noise within building so it doesn't travel outside. Additionally

What is your security plan?

Tues/Wed/Thurs/sunday - Two security guards working door
FRI/SAT - Two security guards plus police outside premises

What type of video surveillance do you intend to have on the premise (please list equipment)?

Unifi protect video surveillance. Cameras on exterior and interior of building

Will music be played at your location? Yes No

If yes, how will music be played? Jukebox Live DJ Radio Other

5222

100

Fee: \$60.00
Record Check: \$15

License Expires June 30, 20____
New Renewal _____
FEIN#: 86-3221155

APPLICATION FOR PUBLIC DANCE HALL LICENSE

The undersigned hereby applies for a license to conduct a Public Dance Hall at:

1102 Mound Ave Racine, WI 53904 in the City of Racine, Wisconsin, in accordance with the provisions of Chapter 22.09 of the Municipal Code of the City of Racine and has checked with the **Building Department** on May 1, 2021 to verify that this location is zoned properly for a Public Dance Hall.

- Name of individual, firm, partnership or corporation: Duo Bar & Grill LLC
- Names, residences and ages of the applicant if an individual, firm or partnership or of the principal Officers if a corporation or association:

NAME	RESIDENCE	DATE OF BIRTH
<u>David Lewis</u>	<u>440 E Trellis Ln OAK creek, WI 53154</u>	

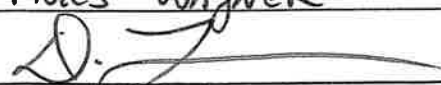
- The following person or persons are hereby designated as Manager of the said dance hall:

NAME	RESIDENCE	DATE OF BIRTH
<u>DARIUS NUNN</u>	<u>1542 Holmes Ave Racine WI 53405</u>	
<u>Oprea JACKSON</u>	<u>1617 Walter Ave Racine WI 53403</u>	

- The date and place of any conviction (if any) of an offense under Chapter 22.09 or under any similar law, ordinance or regulation of any person connected with this venture.

N/A

- The name and address of the person owning the premises for which a license is sought:

Fides Wagner

Signature of Applicant or Agent

David Lewis
Please Print or Type Name

5223

AMOUNT - ~~\$5.00~~
"CLASS B" - \$10.00

Expires June 30, 20____
FEIN#: 86-3221155

CITY OF RACINE
APPLICATION FOR NONINTOXICATING BEVERAGE LICENSE

I/WE HEREBY APPLY FOR A LICENSE TO SELL AND/OR SERVE IN THE CITY OF RACINE FROM DATE
HEREOF UNTIL JUNE 30, 2021 (UNLESS SOONER REVOKED), BEVERAGES OF LESS THAN ONE-HALF (1/2)
OF ONE (1) PER CENTUM OF ALCOHOL BY VOLUME SUBJECT TO THE LIMITATIONS IMPOSED BY SECTION
66.0433(1) OF THE WISCONSIN STATUTES, AND HEREBY AGREE TO COMPLY WITH ALL LAWS,
RESOLUTIONS, ORDINANCES AND REGULATIONS AFFECTING THE SALE OF SUCH BEVERAGES.

PLEASE ANSWER THE FOLLOWING QUESTIONS FULLY AND COMPLETELY:

(Check One:) BUSINESS IS:

CORPORATION PARTNERSHIP INDIVIDUAL
 OTHER LLC

(Please specify)

PLEASE SUPPLY:

LEGAL NAME OF BUSINESS (/OWNER): Duo BAR & Grill LLC

TRADE NAME: _____


BUSINESS ADDRESS: 1102 Mound Ave Racine WI 53404

BUSINESS TELEPHONE: 262-260-9896 ZIP CODE: 53404

HOME ADDRESS: 440 E. Trellis Ln ~~Dr~~

CITY OAK creek STATE WI ZIP CODE 53154

HOME TELEPHONE: 414-982-8051


SIGNATURE OF APPLICANT

David Lewis
(Please print Name)

DATE OF BIRTH

SIGNATURE OF PARTNER /(IF APPLIES)

(Please print Name)

DATE OF BIRTH

DATE

5228

Fee: \$40.00 for each device
Fee: # 1 X \$40.00 = 40

Expires June 30, 2021

FEIN#: 86-322155

CITY OF RACINE
APPLICATION FOR LICENSE TO OPERATE
JUKE BOXES, MECHANICAL AMUSEMENT DEVICES, VIDEO GAMES AND POOL TABLES

I/WE, hereby apply for a license to operate Juke Box, Mechanical Amusement Device and/or Video Game as defined in Sections 22-166 through 22-181 of the Municipal Code of the City of Racine from the date hereof until JUNE 30, 2019 (unless sooner revoked), subject to limitations thereof and supplementary thereto, and agree to comply with all laws, resolutions and ordinances adopted by the Common Council of the City of Racine pertaining to the same.

I certify that I am a resident of the State of Wisconsin continuously since _____, and of the City of Racine continuously since 2006 - 2009.

IF INDIVIDUAL:

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____ ZIP _____

IF PARTNERSHIP:

NAME _____ STATE OF PARTNERSHIP _____

NAME AND COMPLETE ADDRESS OF ALL PARTNERS (use reverse side if more space is needed):

IF CORPORATION, LLC, CLUB OR ASSOCIATION:

NAME Duo BAR & Grill STATE OF INCORPORATION WI

NAME AND COMPLETE ADDRESS OF ALL OFFICERS:
David Lewis 440 E Trellis Ln OAK CREEK, WI
53154

ALL APPLICANTS:

NAME OF PERSON IN CHARGE: DARIUS NUNN

TRADE NAME: _____ PHONE: 262-260-9696

ADDRESS OF BUSINESS: 1102 Mound Ave Racine WI 53404

NATURE OF BUSINESS CONDUCTED ON PREMISES: TAVERN OTHER _____

****GAMBLING MACHINES THAT PAY OUT MONEY ARE ILLEGAL AND MUST BE REMOVED FROM THE PREMISES. FAILURE TO DO SO CARRIES THE RISK OF PROSECUTION AND SUSPENSION/NON-RENEWAL/REVOCAION OF CITY-ISSUED LICENSES, DEPENDING ON THE TYPE OF LICENSE HELD.****

MECHANICAL

<u>No. of Devices</u>	<u>Description of type of device</u>	<u>Device location in the establishment</u>
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

VIDEO GAMES


# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

POOL TABLES

# _____	Type: _____	Location: _____
# _____	Type: _____	Location: _____

JUKE BOX

# <u>1</u>	Type: <u>Jukebox TouchTunes</u>	Location: <u>By rear entrance</u>
# _____	Type: _____	Location: _____


SIGNATURE OF APPLICANT

DATE OF BIRTH

Reserve "Class B"

5220

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 06/01/2021 ending: (mm dd yyyy)

To the Governing Body of the: Town of Village of City of RACINE

County of RACINE Aldermanic Dist. No. (if required by ordinance)

Check one: Individual Limited Liability Company Partnership Corporation/Nonprofit Organization

Table with columns: TYPE OF LICENSE REQUESTED, FEE. Rows include Class A beer, Class B beer (checked, \$100), Class C wine, Class A liquor, Class A liquor (cider only), Class B liquor (checked, \$500), Reserve Class B liquor (checked, \$10,000), Class B (wine only) winery, Publication fee (\$40 + 15), TOTAL FEE (\$10,655).

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name) DUO BAR & GRILL LLC

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

Table with 4 columns: Name, First, Middle, Home Address. Rows for President (LEWIS DAVID), Vice President, Secretary, Treasurer, Agent (LEWIS DAVID), and Directors/Managers.


1. Trade Name DUO BAR & GRILL LLC Business Phone Number 262-260-9696
2. Address of Premises 1102 MOUND AVE Post Office & Zip Code 53404

3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.) TWO LEVEL BUILDING WITH TWO BATHROOMS AND STORAGE DOWNSTAIRS. MAIN LEVEL HAS SMALL KITCHEN AND OPEN SPACE FOR ALL BAR ACTIVITIES.

4. Legal description (omit if street address is given above):
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? Yes No
(b) If yes, under what name was license issued? BLUES RNB

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** Yes No
7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? Yes No
If yes, explain.
8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** Yes No
9. (a) **Corporate/limited liability company applicants only:** Insert state WISCONSIN and date 04/13/21 of registration.
- (b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** Yes No
- (c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? **If yes, explain.** Yes No
10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] Yes No
11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] Yes No
12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? Yes No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.) Lewis, David D	Title/Member Owner	Date 5/7/2021
Signature 	Phone Number 414-982-8051	Email Address lewisdav2002@gmail.com

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

Auxiliary Questionnaire Alcohol Beverage License Application

Submit to municipal clerk.

Individual's Full Name (please print) (last name)		(first name)		(middle name)	
Lewis		David		D	
Home Address (street/route)		Post Office	City	State	Zip Code
440 E Trellis Ln			Oak Creek	WI	53154
Home Phone Number		Age	Date of Birth	Place of Birth	
414-982-8051				Milwaukee	

The above named individual provides the following information as a person who is (check one):


- Applying for an alcohol beverage license as an **individual**.
- A member of a **partnership** which is making application for an alcohol beverage license.
- Officer** _____ of **Duo Bar & Grill LLC** _____
(Officer / Director / Member / Manager / Agent) (Name of Corporation, Limited Liability Company or Nonprofit Organization)
- which is making application for an alcohol beverage license.

The above named individual provides the following information to the licensing authority:

- How long have you continuously resided in Wisconsin prior to this date? _____
- Have you ever been convicted of any offenses (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of any other states or ordinances of any county or municipality? Yes No
 If yes, give law or ordinance violated, trial court, trial date and penalty imposed, and/or date, description and status of charges pending. (If more room is needed, continue on reverse side of this form.) _____
- Are charges for any offenses presently pending against you (other than traffic unrelated to alcohol beverages) for violation of any federal laws, any Wisconsin laws, any laws of other states or ordinances of any county or municipality? Yes No
 If yes, describe status of charges pending. _____
- Do you hold, are you making application for or are you an officer, director or agent of a corporation/nonprofit organization or member/manager/agent of a limited liability company holding or applying for any other alcohol beverage license or permit? Yes No
 If yes, identify. _____
(Name, Location and Type of License/Permit)
- Do you hold and/or are you an officer, director, stockholder, agent or employe of any person or corporation or member/manager/agent of a limited liability company holding or applying for a wholesale beer permit, brewery/winery permit or wholesale liquor, manufacturer or rectifier permit in the State of Wisconsin? Yes No
 If yes, identify. _____
(Name of Wholesale Licensee or Permittee) (Address By City and County)
- Named individual must list in chronological order last two employers.

Employer's Name	Employer's Address	Employed From	To
Uber	1455 Market St San Francisco	01/01/2019	04/30/2021
Milwaukee County	1221 W Vliet Milwaukee WI	06/01/2019	04/30/2021

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the undersigned states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. The signer agrees that he/she is the person named in the foregoing application; that the applicant has read and made a complete answer to each question, and that the answers in each instance are true and correct. The undersigned further understands that any license issued contrary to Chapter 125 of the Wisconsin Statutes shall be void, and under penalty of state law, the applicant may be prosecuted for submitting false statements and affidavits in connection with this application. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.



(Signature of Named Individual)

Schedule for Appointment of Agent by Corporation / Nonprofit Organization or Limited Liability Company

Submit to municipal clerk.

All corporations/organizations or limited liability companies applying for a license to sell fermented malt beverages and/or intoxicating liquor must appoint an agent. The following questions must be answered by the agent. The appointment must be signed by an officer of the corporation/organization or one member/manager of a limited liability company and the recommendation made by the proper local official.

To the governing body of: Town Village City of RACINE County of RACINE

The undersigned duly authorized officer/member/manager of Duo BAR & Grill LLC
(Registered Name of Corporation / Organization or Limited Liability Company)

a corporation/organization or limited liability company making application for an alcohol beverage license for a premises known as

located at 1102 Mound Ave RACINE, WI 53404
(Trade Name)

appoints DAVID LEWIS
(Name of Appointed Agent)
440 E. Trellis Ln OAK CREEK, WI 53154
(Home Address of Appointed Agent)

to act for the corporation/organization/limited liability company with full authority and control of the premises and of all business relative to alcohol beverages conducted therein. Is applicant agent presently acting in that capacity or requesting approval for any corporation/organization/limited liability company having or applying for a beer and/or liquor license for any other location in Wisconsin?

Yes No If so, indicate the corporate name(s)/limited liability company(ies) and municipality(ies).

Is applicant agent subject to completion of the responsible beverage server training course? Yes No

How long immediately prior to making this application has the applicant agent resided continuously in Wisconsin? _____

Place of residence last year 580 W. Riverwood dr #309 OAK CREEK, WI 53154

For: Duo BAR & Grill
(Name of Corporation / Organization / Limited Liability Company)

By: [Signature]
(Signature of Officer / Member / Manager)

Any person who knowingly provides materially false information in an application for a license may be required to forfeit not more than \$1,000.

ACCEPTANCE BY AGENT

I, DAVID LEWIS, hereby accept this appointment as agent for the
(Print / Type Agent's Name)

corporation/organization/limited liability company and assume full responsibility for the conduct of all business relative to alcohol beverages conducted on the premises for the corporation/organization/limited liability company.

[Signature] 5/7/2021 Agent's age _____
(Signature of Agent) (Date)

440 E. Trellis Ln OAK CREEK, WI 53154 Date of birth _____
(Home Address of Agent)

APPROVAL OF AGENT BY MUNICIPAL AUTHORITY (Clerk cannot sign on behalf of Municipal Official)

I hereby certify that I have checked municipal and state criminal records. To the best of my knowledge, with the available information, the character, record and reputation are satisfactory and I have no objection to the agent appointed.

Approved on _____ by _____ Title _____
(Date) (Signature of Proper Local Official) (Town Chair, Village President, Police Chief)

5226

Application for Cigarette and Tobacco Products Retail License

Submit to municipal clerk.

MUNICIPAL USE ONLY

License Number
Period Covered
Date of Issuance

Applicant's Wisconsin 15-digit Sales Tax Account Number
456-1030669977-02

← This must be issued in the same Legal Name of the licensee below.

Legal Name (corporation, limited liability company, partnership or sole proprietorship) Duo Bar & Grill LLC		Federal Employer Identification No (FEIN) 86-322155
Trade or Business Name (if different than Legal Name)		Telephone Number (262) 260-9696
Business Address (License Location) 1162 Mound Ave	Business Located In <input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Town of: RACINE	Business Telephone (262) 260-9696
Municipality	State	County RACINE
Mailing Address (if different than Business Address)	Municipality RACINE	State WI Zip Code 53404

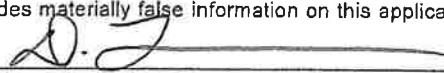
Organization (check one)

- Sole Proprietor Wisconsin Corporation – Enter date incorporated: _____
- Partnership Out-of-State Corporation – Are you registered to do business in Wisconsin? Yes No
- Other (describe) **LLC ORGANIZED IN WISCONSIN 4/13/21**

- Yes No 1. Does the applicant understand that they must purchase cigarettes and tobacco products only from distributors, jobbers, or subjobbers, who hold a permit with the Wisconsin Department of Revenue?
- Yes No 2. Does the applicant understand that they must obtain a Tobacco Products Distributor permit if purchasing untaxed tobacco products from an out-of-state company? (Tobacco Products Distributor permit is available from the Wisconsin Department of Revenue at 608-266-6701. See application form CTP-129, revenue.wi.gov/dorforms/ctp-129.pdf.)
- Yes No 3. Does the applicant understand that they cannot purchase/exchange cigarettes or tobacco products from another retailer, including transferring existing stock to a new owner?
- Yes No 4. Does the applicant understand that they must provide employees with tobacco sales training approved by the Wisconsin Department of Health Services? (<https://witobaccocheck.org>)
- Yes No 5. Does the applicant understand that they may not sell, give or otherwise provide cigarettes/tobacco products and nicotine products to minors (including electronic cigarettes containing nicotine)?
- Yes No 6. Does the applicant understand that they may not sell single cigarettes?
- Yes No 7. Does the applicant understand that cigarette and tobacco products invoices must be kept on the licensed premises for two years from the date of the invoice and be available for inspection by the Wisconsin Department of Revenue/law enforcement and that failure to comply can result in criminal penalties, including loss of cigarettes/tobacco products?
- Yes No 8. Does the applicant understand that only cigarettes and roll-your-own (RYO) tobacco products listed on the Wisconsin Department of Justice's website labeled "Directory of Certified Tobacco Manufacturers and Brands" at www.doj.state.wi.us/dls/tobacco-directory may be sold in Wisconsin?

Cigarettes / Tobacco will be sold over counter through vending machine both

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the applicant. Applicant agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, cannot be assigned to another. Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license. Any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000.


(Officer of Corporation / Member / Manager of Limited Liability Company / Partner / Individual)

Applicable Laws and Rules

This document provides statements or interpretations of the following laws and regulations in effect as of September 19, 2019: Sections 134.65, 134.66, 139.321, 139.79, 139.76, 995.10, and 995.12, Wis. Stats.